

Please fill in session 1 and 2 in the application form and upload it to the RIAT application. Section 3-8 of the form is not mandatory.

Please fill in the application form in English and submit the signed application form along with a scanned copy of ID documents. Please note, that all applications must be entered into RIAT as well.

1. Case Registration

COUNTRY OF RETURN:		EU MS / SAC:	
ORGANISATION:			
WHICH REINTEGRATION PARTNER DO YOU WANT TO SEND THE APPLICATION TO?			

1.1. ID and family composition of the return file

Date of return		Nationality	
Family name			
First name(s)			
Nationality stated on passport			
National reference code			
Sex (Gender)	☐ male ☐ female ☐ other		
Date of birth			
Did the lead applicant receive a return decision?	☒ Return decision ☐ No return decision		

1.2. JOINTLY RETURNING ADULT FAMILY MEMBER

National reference		Nationality	
Family name		First name(s)	
Sex (Gender)	☒ male ☐ female ☐ other		Date of Birth

1.3. JOINTLY RETURNING CHILDREN

Family name	First name(s)	Date of Birth	Sex	Nationality	National reference code

1.4. CONSENT FORM

Consent

By signing this declaration, I give my consent to (Member State) to process my following personal data for the purpose of provision of Joint Reintegration Services, including disclosure of my personal data to Reintegration Partner (name of reintegration partner) established in (country or origin) and, if necessary, transfer of my personal data to local partners established in (country or origin):

- Information contained in sections 1-1.4 of the Frontex Application Form
- A copy of my identity document(s) (please specify):

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- My travel itinerary
 - Copies of the following documents confirming my vulnerability (please specify, if none, write "none"):
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Name of lead applicant	Name of jointly returning adult:	Name of legal guardian of minor(s):
Date and place:	Date and place:	Date and place:
Signature of lead applicant:	Signature of jointly returning adult:	Signature of legal guardian of minor(s):